## NON-PERSONAL HISTORY RECORD (submit for other than natural persons)

Revision 1/2004

This form is to be used for the application with the Mortgage Lending Division for a commercial enterprise that is not a natural person. Please indicate for which this application form is submitted.

- o Mortgage Broker
- o Mortgage Banker
- Escrow Agency

Print or type an answer to every question. If a question does not apply, please mark the section N/A for not applicable. If there is not space to answer the question sufficiently, continue on the EXPLANATION FORM and mark each answer with the corresponding number of the question. Do not misstate or omit any material fact(s). Such statements made herein are subject to verification.

Applicant must initial each page in the box in the lower right hand corner. By placing his/her initial on each age, the applicant is attesting to accuracy and completeness of the information contained on that page.

Applicants are advised that this non-personal history record is an official document and misrepresentations or failure to disclose information requested may be deemed sufficient cause for the denial or revocation of a license.

| Name of Applicant                                  |        |               |
|--|--------|---------------|
| List any dba's of Entity if not the corporate name |        |               |
| Address of Principal Place of Business             |        |               |
|  |        |               |
| (Street address)                                   | (City) | (State) (Zip) |
| Telephone number                                   |        |               |
| Website or email address:                          |        |               |
| Tax Payer Identification Number:                   |        |               |
|  |        |               |

1. If a Corporation, provide a copy of the By-laws and a current 'Certificate of Good Standing' from the state of incorporation.

| Applicant's | initial |
|-------------|---------|

## 2. List of Principal officers or partners of the entity:

List individuals with power to direct management or policy, control through ownership, contactual or otherwise and persons who are officers, directors, general partners or managing members with rights to vote 25% or more.

| Name<br>First, Middle Initial, Last | Residential Address<br>Street<br>City, State, Zip | Title/<br>Position | Business Address if<br>different from<br>applicant address | Social<br>Security<br>Number | Officer/ Director/ Stockholder % of ownership |
|-------------------------------------|---|--------------------|--|------------------------------|---|
|                                     |   |                    |  |                              |   |
|                                     |   |                    |  |                              |   |
|                                     |   |                    |  |                              |   |

| 3. |    | Arrests, Detentions, and Litigations and Disclosure Items  Please complete the attached EXPLANATION FORM for 'yes' answers to questions 6 (a-1) Include date, charge, agency, location and disposition.  | Y N   |
|----|----|--|-------|
|    | a. | Has the entity ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to any felony or any crime involving fraud, misrepresentation or moral turpitude?  | a.    |
|    | b. | Has the entity ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a misdemeanor involving fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses? | b.    |
|    | c. | Has the entity ever entered into a settlement agreement with any federal or state agency?  |       |
|    | d. | Has the entity ever had their license or registration denied, suspended or revoked by a financial services or securities licensing agency in this state or any state, district, territory of the United States or any foreign in the preceding 10 years?   | d.    |
|    | e. | Has the entity within the past 10 years made a compromise with creditors, filed a bankruptcy petition or been subject of an involuntary bankruptcy petition for an organization while you exercised control over it or individually?   | e.    |
|    | f. | Has a bonding company every denied, paid out on, or revoked a bond?  | f.    |
|    | g. | Are there any unsatisfied judgments or liens?  |       |
|    | h. | Do you have a relative that is or has been associated with the business? (NRS 645B.0131 Relative means a spouse or any other person related within the second degree by blood or marriage)   | g. h. |
|    | i. | Has the entity ever had a civil or criminal record expunged or sealed by a court order?  | i.    |
|    | j. | Has the entity ever had a privileged or professional license in any state denied, suspended or revoked?  | i.    |
|    | k. | Is the entity subject to any pending actions that could result in a 'yes' answer to any of the above questions?  | k.    |

| Applicant's | initial | s |
|-------------|---------|---|

## APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I have filed with the Mortgage Lending Division an application to be licensed or request for approval as a key officer/director/majority owner. I understand that I am seeking the granting of a privilege license and acknowledge that the burden of providing my qualifications for license or approval as a key officer/director/majority owner is at all times on me.

I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Mortgage Lending Division of the Sate of Nevada, whether such information would otherwise be protected as confidential information by any constitutional, statutory or common law privilege.

Such duly appointed agent is authorized to conduct a review and copy any documents released to him.

Such duly appointed agent is authorized to review and obtain copies of any and all documents, records or correspondence pertaining to me to conduct a background check to ensure that I have not violated any provision of the laws of Nevada that have not been disclosed in this Personal History Record.

I acknowledge that all documents filed in connection with this application are deemed to be public records, unless provided otherwise in the law, and open to public inspection.

A reproduction of this request shall be for all intents and purposes as valid as the original.

By signing below and initialing each page, I represent that I personally have completed this application or verified the information contained herein and have read the above authorization to release information. I represent that I am an authorized principal of the applicant.

| Print Name and Title  |         |           |     |  |
|---|---------|-----------|-----|--|
| APPLICANT'S SIGNATURE   |         |           |     |  |
|   |         |           |     |  |
|   |         |           |     |  |
| Subscribed and sworn to before me theNotary public in and for the County of | day of, | State of, | 200 |  |
| Notary Signature  |         |           |     |  |
| Notary Seal:  |         |           |     |  |
|   |         |           |     |  |
|   |         |           |     |  |
|   |         |           |     |  |
| Division Use ONLY   |         |           |     |  |
| nature of State Agent presenting this request:                              |         |           |     |  |
| e of request:   |         |           |     |  |

EXPLANATION FORM (Use this form for explanation and additional space needed to answer questions.) Copies of this page can be made if more space is needed.

| Question<br>Number | Explanation |  |  |
|--------------------|-------------|--|--|
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Applicant's initials